

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52824

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	2		1			
4	6		1			
5	8		1			
6	1		1			
7	2		1			
8	1		1			
9	1		1			
10	1		1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17	2		1			
18	1		1			
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TOTAL IND.		3				
TOTAL DEP.		15				
TOTAL CLAIMS		18				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		3				
TOTAL DEP.		15				
TOTAL CLAIMS		18				